

5E 301-A0401

HIGH - NEW
3/23/88

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

CHEMICAL RECOVERY SYSTEM
OHD# 057-001-810

SI - 1 HRS
already done
147610

Chemical Recovery System is in ERRIS under the abbreviated name of "Chemical Recovery". The attached form also shows a correction in the company's address. U.S. EPA's Field Investigation Team (FIT) has already completed a preliminary assessment for this facility. Also, U.S. EPA - Region V has been involved in CERCLA actions resulting in remedial activity at this site. Remedial activity has included drum and soil removal under the direction of Greg Kulma of U.S. EPA - Region V. (Ecology and Environment prepared an HRS for the site 7/86). A low priority is recommended for State/FIT activities.

RECEIVED

SEP 21 1987

Program
Support Section

C = CHANGE

EPA		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
				01 STATE	02 SITE NUMBER
				OH	DC57-001-810
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site)			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER		
CHEMICAL RECOVERY SYSTEMS			146 LOCUST STREET		
03 CITY			04 STATE	05 ZIP CODE	06 COUNTY
ELYRIA			OH	44035	LORAIN
07 COUNTY CODE			08 CONG DIST		
093			13		
09 COORDINATES LATITUDE			LONGITUDE		
41°22'15.0"N			082°06'13.1"W		
10 DIRECTIONS TO SITE (Starting from nearest public road)			GRAFTON QUAD		
III. RESPONSIBLE PARTIES					
01 OWNER (If known)			02 STREET (Business, mailing, residential)		
JAMES C. FREEMAN			146 LOCUST STREET		
03 CITY			04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
ELYRIA			OH	44035	216 323-3275
07 OPERATOR (If known and different from owner)			08 STREET (Business, mailing, residential)		
SAME AS ABOVE					
09 CITY			10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
					()
13 TYPE OF OWNERSHIP (Check one)					
<input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL					
<input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)					
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION			BY (Check all that apply)		
<input type="checkbox"/> YES DATE _____ MONTH DAY YEAR			<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR		
<input type="checkbox"/> NO			<input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)		
02 SITE STATUS (Check one)			03 YEARS OF OPERATION		
<input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN			BEGINNING YEAR _____ ENDING YEAR _____ <input type="checkbox"/> UNKNOWN		
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)					
<input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on site available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT		02 OF (Agency/Organization)		03 TELEPHONE NUMBER	
				()	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
				()	4/18/84
		MONTH DAY YEAR			

#00409



<input type="checkbox"/> A. TOXIC	<input type="checkbox"/> E. SOLUBLE	<input type="checkbox"/> I. HIGHLY VOLATILE
<input type="checkbox"/> B. CORROSIVE	<input type="checkbox"/> F. INFECTIOUS	<input type="checkbox"/> J. EXPLOSIVE
<input type="checkbox"/> C. RADIOACTIVE	<input type="checkbox"/> G. FLAMMABLE	<input type="checkbox"/> K. REACTIVE
<input type="checkbox"/> D. PERSISTENT	<input type="checkbox"/> H. IGNITABLE	<input type="checkbox"/> L. INCOMPATIBLE
		<input type="checkbox"/> M. NOT APPLICABLE

VL SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

OH D-057-001-810

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____
(Acres)

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

04 D-057-001-810

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

no inspection or drive-by

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)